

NATIONAL Assessment Centre Services (wef 1 Jan'03)

Date In: 24/07/2023	Job description	Date & Time Completed	Done by
Ref No: NA/EQ123007643/d4	SAS e-filing		
Veh No: GBE 9961S	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 24/07/2023 08:45	i-Motor Claim Form		
OD / TP / <u>Reporting Only</u>	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SJQ 404K	INC () / Non-INC ()
Owner / Driver: (Tel:)
Policy No: (Period: (Cover Type: (
Confirmed by: (Date:	Time:
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-100%]	
Year of Registration: (Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

() Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of First Submission	27/07/2023 16:56 (SGT)
Reported by	Actual Driver
Date of Accident	24/07/2023 08:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	GILLMAN FLYOVER GOING TO TELOK BLANGAH RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE9961S
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	COVERALL SINGAPORE PTE LTD
Company Reg No	1XXXXX167K
Email Address	marketing@coverall.com.sg
Mobile Phone No	(Phone) +65-91093721
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2488

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMCPHQ23-001629

DRIVER

Name of Driver	ARIYAPPU ANANTHAN
Passport No/FIN	GXXXXX311M

Date Of Driving Pass	10/03/2014
Driving experience	9 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83554936
Alt. Phone Number	-
Email Address	marketing@coverall.com.sg
Address	APT BLK 683 TESSENSOHN ROAD
Address complement	# 02-103
Postcode	210683
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Merah West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003779999
Alt. Police Station Phone No	(Fax) +65-63773923
Police Station Address	500 Bukit Merah View #01-01 Singapore 159682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230724/2019

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	SD CARD WITH TP OFFICER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJQ404K
Vehicle Manufacturer	

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM KOK HUEI EDDIE
NRIC No	SXXXX158E
Contact Number	(Phone) +65-96816043
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMZ8019D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SOPHIA TIANG KIEW HUI
NRIC No	SXXXX309C
Contact Number	(Phone) +65-82800614
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



A. R. [Signature] 27/7/23

gman [Signature] 27/7/23

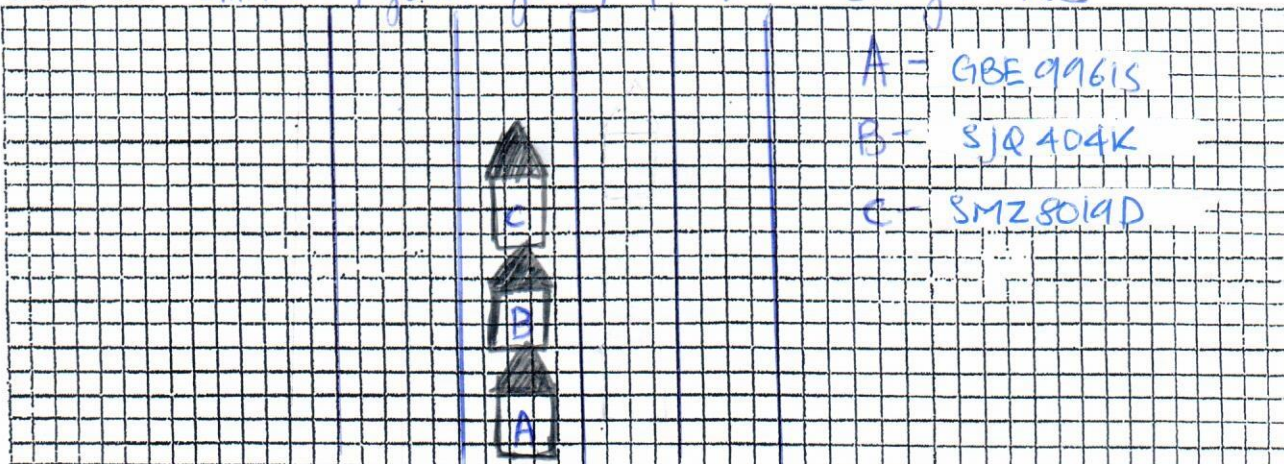
Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Gillman Flyover going to Telok Blangah Rd



Describe the Circumstance of the Accident

please refer to the attached
police Report

- 7/20230724/2019 -

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

A. Pruthi 27/7/23

Actual Driver's Signature (if driver is not the policyholder)
/ Date & Time

pmuelh 27/7/23

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



T/20230724/2019

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

1 of 3

Report No. T/20230724/2019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/07/2023 11:20		Vide Report No.: D/20230724/0032		Station Diary No.: 26
Informant's Particulars				
Name of Informant: ARIYAPPU ANANTHAN		Address: APT BLK 683 TESSENSOHN ROAD #02-103 SINGAPORE 210683		
ID Type / ID No.: FIN NO / G5300311M		Contact No.: Home/Office: Mobile: 83554936		
Nationality: INDIAN		Email:		
Sex: Male	Age: 37	Date of Birth: 10/06/1986	Type of Informant: Driver	
Race: Indian		Language: English		
Occupation: OPERATIONS COORDINATO		Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/07/2023 08:45	Type of Location: Flyover
Location: ALEXANDRA ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE9961S	Van				Slightly Damaged	0
SJQ404K	Car				Slightly Damaged	0
SMZ8019D	Car				Slightly Damaged	0



SINGAPORE POLICE FORCE



T/20230724/2019

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

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Report No. T/20230724/2019

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ARIYAPPU ANANTHAN	ID No.	G5300311M
Related Vehicle	GBE9961S (Van)	Contact No.	83554936
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LIM KOK HUEI EDDIE	ID No.	S7719158E
Related Vehicle	SJQ404K (Car)	Contact No.	96816043
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	SOPHIA TIANG KIEW HUI	ID No.	S8867309C
Related Vehicle	SMZ8019D (Car)	Contact No.	82800614
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 24/7/2023 at about 0845hrs, I was travelling along Alexandra Rd at the Gillman flyover going to Telok Blangah Rd. The traffic was heavy. I was driving on the 2nd lane to the left out of 4 lanes when suddenly the car in front of me brake as he had hit the car in front of him. I quickly applied my brakes however there was not enough time for me to stop completely hence I hit onto the car's rear. I stopped my vehicle and we exchanged particulars. Traffic police and ambulance was there. I was not injured. The driver of SJQ404K however wished to be conveyed to the hospital for further check -up. My van's front part was dented and the NISSAN logo had already dropped off. The front left side bumper was also damaged. The signal light function is also damaged. My van do have an in car camera.



**SINGAPORE
POLICE FORCE**



T/20230724/2019

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

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Report No. T/20230724/2019

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
D /
SGT 3 NURJANNAH BINTE
AMRAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI ABDUL RAHIM BIN SALIM
Contact No.: 65476904

Signature Of Informant:

Date/Time:
24/07/2023 11:20

Classification Of Case:

NP168



GBE99615

SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

Ref: Report No: D/2023 07 24 / 0032

I, SGT(13) TITOBET SILLAMAN
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of 10 LBI AVENUE 3 S(408865)
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 01 X ROAD 16 GB MICRO SD CARD
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

from ARIYAPPU ANANTHAN G300311M
(Name, NRIC or Passport No. / Rank and No.)

of 78 GILSTEAD RD S(309116)
(Address / Police Station / NPC / NPP)

on 24/07/2023 at 0955 HRS
(Date) (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)

Received by:

A. Puthi
(Signature)

[Signature]
(Signature)

ARIYAPPU ANANTHAN G300311M
(Name, NRIC or Passport No. / Rank and No.)

SGT(13) TITOBET SILLAMAN
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: IO INTRN : 65476415

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 24/07/2023	TIME OF ACCIDENT : 08:45
VEHICLE NO : GBE 9961S	TRANSMISSION : AUTO / MANUAL
MAKE & MODEL :	LOCATION : Gillman Flyover going to Telok Blangah Rd
EXACT PURPOSE USE DURING ACCIDENT: <u>EMPLOYMENT</u> / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE: <u>OD / THIRD PARTY / REPORTING ONLY</u>
INSURANCE COMPANY : EQI	POLICY NO : DMCPHQ 23-001629
TYPE OF COVERAGE :	VEHICLE TYPE : (SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE)
<u>COMPREHENSIVE</u> / THIRD PARTY / THIRD PARTY & THEFT	NRIC : 199707167K
NAME OF OWNER : coverall singapore pte ltd	CONTACT NO : 9109 3721
ADDRESS :	VIDEO RECORDING : <u>YES</u> / NO with tp officer
EMAIL ADDRESS : anandhan.a13@gmail.com	NRIC : G530031M CONTACT NO : 83554936
NAME OF DRIVER : AS ABOVE / IF NO : Aniyappu Ananthan	PASSENGER : <u>0</u> MALE () FEMALE ()
DRIVER OWNER RELATIONSHIP : employee	DRIVING PASSING DATE : 10 / 03 / 2014
DATE OF BIRTH : 10 / 06 / 1986	ADDRESS : Apt B1K 683 Tessensohn Rd #02-103, 5210683
OCCUPATION: INDOOR / <u>OUTDOOR</u>	POLICE REPORT : NO / IF YES WHERE ? Bukit Merah
ANY INJURIES: <u>NO</u> , IF YES :	ROAD SURFACE: <u>DRY</u> / WET / OTHERS
WEATHER CONDITION: <u>CLEAR</u> / RAINING / OTHERS:	
VEHICLE B REG NO : <u>SJK 404K</u>	VEHICLE C REG NO : <u>SM28019D</u>
DRIVER NAME : <u>Lim Kok Hwei Eddie</u>	DRIVER NAME : <u>Sophia Tiong Kiew Hui</u>
NRIC : <u>87719158E</u>	NRIC : <u>88867309C</u>
CONTACT : <u>96816043</u>	CONTACT : <u>82800614</u>
VEHICLE D REG NO : _____	ANY WITNESS ? <u>NO</u> , IF YES :
DRIVER NAME : _____	NAME : _____
NRIC : _____	CONTACT : _____
CONTACT : _____	
WAS NOTICE OF PROSECUTION GIVEN? (YES / <u>NO</u>) IF YES, AGAINST WHOM :	WERE SEAT BELTS WORN ? : <u>YES</u> / NO
	WERE INJURY CONVEYED BY AMBULANCE : YES / <u>NO</u>
DOES THE ACTUAL DRIVER OWN OTHER VEHICLES: YES / <u>NO</u>	
VEHICLE NUMBER:	HANDLING INSURER:

EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110
tel 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg
reg no. 1978-00490-N

**CERTIFICATE OF INSURANCE**

ROAD TRANSPORT ACT 1987 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)

THE MOTOR VEHICLES(THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP.189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)THE MOTOR VEHICLES(THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 EDITION(REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF**COMMERCIAL VEHICLE PRIVATE (SCH I)****Comprehensive Classic****Certificate No. : DMCPHQ23-001629**

Classic Plan - EQ Authorised Workshop Only

Form: LCVP1

Excess:

Section 1:

S\$500.00

YEID-AC Additional:

S\$3,000.00

1. Index Mark and Registration Number of Vehicles

GBE9961S

2. Name of Policyholder

COVERALL SINGAPORE PTE LTD

3. Effective Date of the Commencement of Insurance for the purpose of the Act

18/05/2023

4. Date of Expiry of Insurance

17/05/2024

5. Person or Classes of persons entitled to drive*

Goods carrying - (MZ300) Authorised Driver.

Any of the following :-

1. The Policyholder
2. Any person on the order or with the permission of the Policyholder

* Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.

6. Limitation as to use*

- 1) Use in connection with the Insured's business.
- 2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.
- 3) Use for social domestic and pleasure purposes.

THE POLICY DOES NOT COVER

- 1) Use for hire or reward or for racing pace-making reliability trial or speed testing.
- 2) Use whilst drawing a greater number of trailers in all than is permitted by Law.
- 3) Use for the carriage of passengers for hire or reward.
- 4) Liability arising from or in connection with the carriage of hazardous materials, high explosives, inflammable liquid or gases including LPG in cylinders.

*Limitations rendered inoperative by Section 8 of the Motor vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or and Amendment, Act or Acts passed in substitution thereof.

Hire Purchase :

A000008/Lee Kok Leong
Date of Issue : 26/04/2023 15:31

Authorised Signatory
EQ Insurance Company Limited

Exp No. : DMCPHQ22-001277

A Member of Citystate